

PART B - FEE(S) TRANSMITTAL

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11951 7346 6/20/2011

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/273,683	08/31/2006	Hyunil Han	196034542	3626

TITLE OF INVENTION: TREATING AN INFLAMMATORY DISORDER OR INHIBITING RESPIRATORY BURST IN ADHERENT NEUTROPHILS WITH CHEMICAL INHIBITORS OF NEUTROPHIL ACTIVATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	06/02/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAVANMARD, SAHAR	1627	514 30600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 01-02 (or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LeClairRyan

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Cornell Research Foundation, Inc.

Ithaca, NY

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fees/are submitted:

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (no small entity discount permitted)
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 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized to charge the amount of fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505809 (enclose an extra copy of this form).

5. Change in Entity Status (item status indicated above)

a. Applicant claims SMALL ENTITY status See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date June 1, 2011

Registration No. 30,727

Typed or printed name Michael L. Goldman

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